

FOR OFFICE USE ONLY	
Interview Date:	Processing Time:
Approval:	Action taken:
Interviewer:	Computer Entry:

PRE-COMPLAINT QUESTIONNAIRE - EMPLOYMENT

The information requested on this form will assist the Department in helping you. There is no guarantee that the information submitted will result in an investigation. Please check or answer only those questions that apply

PLEASE PRINT

DATE

NAME _____
First Middle Last

ADDRESS _____
Street City County Zip Code

TELEPHONE NUMBER: WORK _____ HOME _____

I prefer to be contacted by telephone at work/home: Days: _____ Time: _____

Person to contact if you cannot be reached or if you move:

NAME: _____ TELEPHONE _____

I WISH TO COMPLAIN AGAINST: (Name and address of company, government entity [city, county, state], employment agency, union, etc.)

NAME _____

ADDRESS _____
Street City County Zip Code

TELEPHONE NUMBER: WORK _____ NUMBER OF EMPLOYEES (Estimate, if necessary)
Job Site _____ Company-Wide _____

I WISH TO COMPLAIN AGAINST: (Other named individuals who were involved in this particular complaint.)

NAME _____

TITLE _____ TELEPHONE _____

ADDRESS _____
(if known) Street City County Zip Code

EMPLOYER LISTED ON W-2 FORM:

NAME _____

ADDRESS _____
(if known) Street City County Zip Code

(Continue on last page if necessary)

1. I believe I was discriminated against because of my (please check):

- ☐ Race ☐ Sex ☐ Cancer ☐ Pregnancy ☐ Age(40 and over)
☐ Color ☐ Sexual Orientation ☐ Genetic Characteristics ☐ Marital Status ☐ Denial of Family Care Leave
☐ Religion _____ ☐ Disability (including AIDS) _____ ☐ National Origin/Ancestry _____
(Please specify) (Please specify) (Please specify)

2. Circle the discriminatory treatment and indicate the **date occurred**:

Terminated/Laid Off _____ Not Hired _____ Denied Promotion _____ Harassed _____
Denied Leave (Pregnancy/Family Care Leave) _____ Denied Accommodation _____ Denied Equal Pay _____
Denied Accommodation for Pregnancy _____ Impermissible Non-Job-Related Inquiry _____
Retaliation _____ Other _____

3. Why do you believe the unfair treatment was discrimination? (If others were treated better than you, give names, addresses and examples.) _____

(Continue on last page if necessary)

4. List the names, addresses, job titles and telephone numbers (if possible) of witnesses, co-workers, or others you feel could provide evidence. Explain what you think each witness will be able to tell us.

Name and Address

Title/Relationship

Telephone Numbers
Home Work

Can provide information regarding: _____

Name and Address

Title/Relationship

Telephone Numbers
Home Work

Can provide information regarding: _____

(Continue on last page if necessary)

5. EMPLOYMENT DATA: (Complete as many items as you can.)

A. Date hired or applied for job: _____

B. Job title/salary at time of discrimination: _____

C. Name and title of immediate supervisor or interviewer: _____

D. If your employment was terminated, who replaced: _____

E. If your employment was terminated or if you were refused a job, have you since been employed? Yes ___ No ___

Date of hire: _____ Salary: _____ Job Title: _____

F. If not hired:

< How did you know about the job and/or salary? _____

< Did you apply by written application or verbally? _____

< To whom did you submit the application? _____ Date _____

< How did you find out you had been refused? _____ Date _____

< Who got the job, salary, etc. (if known)? _____

6. Have you filed a complaint with the U.S. Equal Employment Opportunity Commission (EEOC) before coming to DFEH? Yes ___ No ___ Date _____

7. Have you talked to an attorney concerning this problem? Yes ___ No ___

NAME _____ TELEPHONE _____

ADDRESS _____

8. PERSONAL DATA

RACE/ETHNICITY (Check box that best describes)		<input type="checkbox"/> Native American	<input type="checkbox"/> Asian/Pacific Islander (specify) _____	PRIMARY LANGUAGE _____
<input type="checkbox"/> African-American	<input type="checkbox"/> African – Other	<input type="checkbox"/> Caucasian (non-Hispanic)	<input type="checkbox"/> Hispanic (specify) _____	
SOCIAL SECURITY NUMBER _____		DATE OF BIRTH ____		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

(The Federal Privacy Act of 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security Number is voluntary.)

DO NOT WRITE IN THIS AREA
INTERVIEWER'S NOTES

Complainant's assertions:

What does Complainant say the employer's position will be?

Comparative data/relevant information:

What does Complainant want as a remedy?

Complaint taken for investigation: Yes _____ No _____

If NO, was "b" offered? Yes _____ No _____

If taken for filing purposes only, explain why:

If not taken, rationale:

Complainant advised of Pilot Mediation Program? Yes _____ No _____

Complainant advised of statute of limitations? Yes _____ No _____ Date statute runs:

Complainant advised of other agencies? Yes _____ No _____

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DFEH CODE: LAW _____ BASIS _____ ACT _____ REJECT _____ PUBLIC _____

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.